## PART B - FEE(S) TRANSMITTAL



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, together with applicable fee(s), to: Mail

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

29847

7590

11/19/2003

BUESSE, BROWNLEE WOLTER MORA & MAIRE 390 N. ORANGE AVENUE **SUITE 2500** ORLANDO, FL 32801

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Alicia Hoffman	(Depositor's name)
alua Horaman	(Signature)
2-18-2004 00	(Date)

	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
_	09/286,874	04/06/1999	FRANK L. GRAHAM	ADVEC9	5534
			· · · · · · · · · · · · · · · · · · ·		

TITLE OF INVENTION: USE OF HELPER-DEPENDENT ADENOVIRAL VECTORS OF ALTERNATIVE SEROTYPES PERMITS REPEAT VECTOR ADMINISTRATION

	1	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	02/19/2004
EXAN	MINER	ART UNIT	CLASS-SUBCLASS	]	
WOITACH	I, JOSEPH T	1632	435-235100	_	

X \( \text{Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.}\)

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

ı<u>Joseph Fischer</u> 2 Beusse Brownlee

<u>3 Wolter Mora & Mai</u>re

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

Merck & Co., Inc.

Rahway, NJ

Please check the appropriate assignee category or categories (will not be printed on the paten		individual X 🖾 corporation or other private group entity	☐ government
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):	•	
∑ Issue Fee	☐ A check in the amo	ount of the fee(s) is enclosed.	
☐ Publication Fee	(Payment by credit	card. Form PTO-2038 is attached.	
☐ Advance Order - # of Copies	☐ The Director is he Deposit Account Nur	☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayme Deposit Account Number (enclose an extra copy of this form).	

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(Date)

2-18-2004 scher

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02/26/2004 RMEBRAH1 00000210 09286874

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 1330.00

spond to a collection of inte	ormation unless it displays a valid	ONE CONTO HUMBER.
C	omplete if Known	
Application Number	09/286,874	
Filing Date	April 6, 1999	//
First Named Inventor	Frank L. Graham	
Examiner Name	J. T. Woitach	V
Art Unit	1632	
Attorney Docket No.	10509-024	

METHOD OF PAYMENT (check all that apply)  FEE CALCULATION (continued)	
Order Litera	IONAL FEES
Denosit Account:	Small Entity
Deposit Fee Fee Code (\$)	Fee Fee Fee Description Fee Paid
Account Number 1051 130	2051 65 Surcharge - late filing fee or oath
Deposit 1052 50	2052 25 Surcharge - late provisional filing fee or
Account Name 1053 130	cover sheet 1053 130 Non-English specification
The Director is authorized to: (check all that apply)	
Charge fee(s) indicated below Credit any overpayments 1804 920	
Charge any additional fee(s) or any underpayment of fee(s)	Examiner action
Charge fee(s) indicated below, except for the filing fee 1805 1,840 to the above-identified deposit account.	* 1805 1,840* Requesting publication of SIR after Examiner action
FEE CALCULATION 1251 110	2251 55 Extension for reply within first month
1. BASIC FILING FEE	2252 210 Extension for reply within second month
Large Entity Small Entity 1253 950	2253 475 Extension for reply within third month
Fee Fee Fee Fee Fee Description Fee Paid 1254 1,480	2254 740 Extension for reply within fourth month
1001 770 2001 385 Utility filing fee	2255 1,005 Extension for reply within fifth month
1002 340 2002 170 Design filing fee 1401 330	2401 165 Notice of Appeal
1003 530 2003 265 Plant filing fee 1402 330	2402 165 Filing a brief in support of an appeal
1004 770 2004 385 Reissue filing fee 1403 290	2403 145 Request for oral hearing
1005 160 2005 80 Provisional filing fee 1451 1,510	. , , , , , , , , , , , , , , , , , , ,
SUBTOTAL (1) (\$) 1452 110	2452 55 Petition to revive - unavoidable
2 EVTDA CLAIM EEES EOD LITH ITV AND PEISSIE	1230.00
Fee from	2301 003 Offility Issue fee (of felsaue)
Total Claims	
Independent 3** - Y	
Claims 1460 130 Multiple Dependent 1807 50	
Large Entity   Small Entity   1806   180	
Fee Fee Fee <u>Fee Description</u>	Recording each patent assignment per
Code (\$)   Code (\$)   8021 40	property (times number of properties)
1201 86 2201 43 Independent claims in excess of 3	2809 385 Filing a submission after final rejection (37 CFR 1.129(a))
1203 290 2203 145 Multiple dependent claim, if not paid 1810 770	2810 385 For each additional invention to be
1204 86 2204 43 ** Reissue independent claims	examined (37 CFR 1.129(b))
over original patent 1801 770	
1205 18 2205 9 ** Reissue claims in excess of 20 1802 900 and over original patent	of a design application
SUBTOTAL (2) (\$) -0- Other fee (s	
**or number previously paid, if greater; For Reissues, see above	by Basic Filing Fee Paid SUBTOTAL (3) (\$) 1330.00

SUBMITTED BY

Name (Print/Type)

Signature

(Complete (if applicable))

Registration No. (Attornev/Agent)

Fig. 1210

Telephone 407-926-772

Date 02/18/2004

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